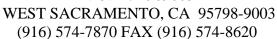


CEMETERY AND FUNERAL BUREAU

P. O. Box 989003





APPLICATION TO REPORT DESIGNATION OR CHANGE OF CEMETERY OR CREMATORY MANAGER AND/OR REQUEST APPROVAL TO SHARE

Designate a Crematory	Manage	r \$50.00 Fee o	or Desi	gnate a C	Crematory	Manager	and rec	juest ap	proval	to sha	re \$100.00 Fee	
Designate a Cemetery							and re	quest a	pprova	al to sh	are \$100.00 Fee	
(*submit a written statement demonstrating two years experience in the cemetery business)												
SECTION A: APPLICA	NT INI	FORMATIC	N									
Business Name									License Type and Number			
Address			City	City				State		,	Zip Code	
							CA					
Contact Person			Fax N	Fax Number Te				lephone Number				
			()				
SECTION B: MANAGER INFORMATION (Cemetery Managers must submit a written statement demonstrating two years experience.)												
Name of Previous Manager				License			Number D			ate of Disassociation		
Name of New Manager Lice			icense Typ	ense Type/Number			Expiration Date			Date of Association		
Under this managers license is this manager designated at any						N. F	¬ _ъ	1	X 7		C 1 - 4 -	
other Cemetery/Cematory?						No, Proceed section			Yes, Complete section C			
SECTION C: APPROVAL TO SHARE A MANAGER (The Cemetery or Crematory must be under common ownership, have a designated main office, and be within 60 miles of the main office.)												
Designated Main Office License Number Miles From Establishmen									ment in			
						Sect		ection A	on A?			
Address of Main Office				City				State			Zip Code	
											1	
Designated Manager is also COA/CR		COA/CR		CO	COA/CR		COA/CR		COA/CR			
Manager at the following licensed Cemeteries/Crematories under this												
CEM/CRM license.												
Name of Corporation												
SECTION D: OWNER, PARTNER, OR CORPORATE OFFICER CERTIFICATION												
(Must be signed by the owner, if a S				_			_					
I understand that this establi reported to the Bureau within			licensed ma	ınager at	all times,	and any c	change	of the d	lesigna	ited ma	ınager will be	
I certify under penalty of per			the State of	Californ	ia that all .	statement	s furnis	shed in c	connec	ction w	ith this	
application are true and acci			2 2,				- J					
Signature				Title				Date				
		I	OR BUR	EAUUS	SE ONLY	7		<u> </u>				
Date Cashiered Amount Cashiered				ATS Number			Receipt Nur			mber		
Date Approved	rate Approved Common Ownership Checked		Within 60 M	Within 60 Miles I		Related License		CR/COA License Ordered		Manager License Ordered		
	Shocked						214010	-				